

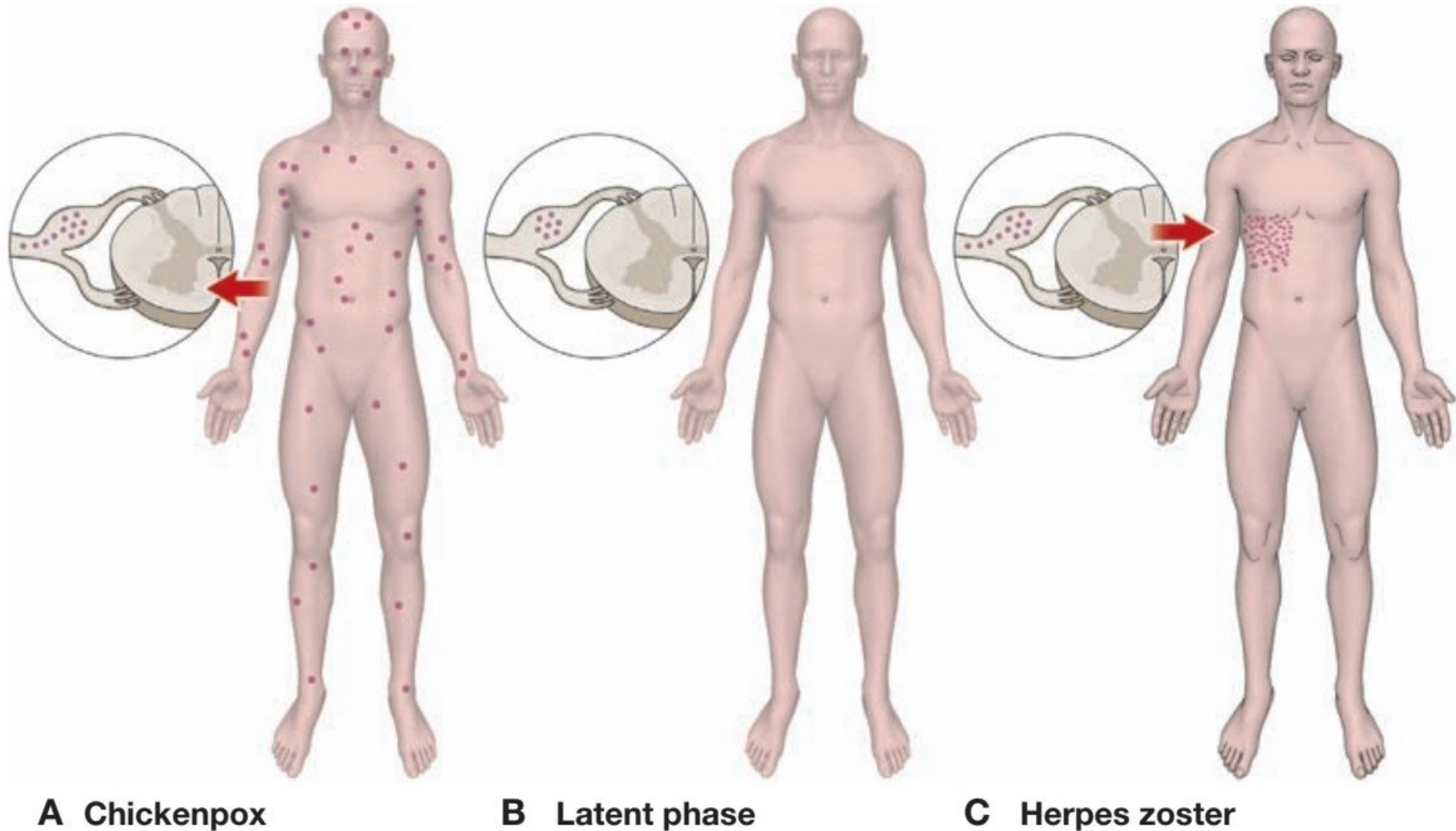
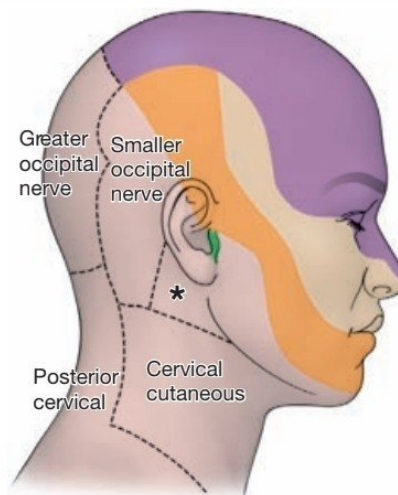
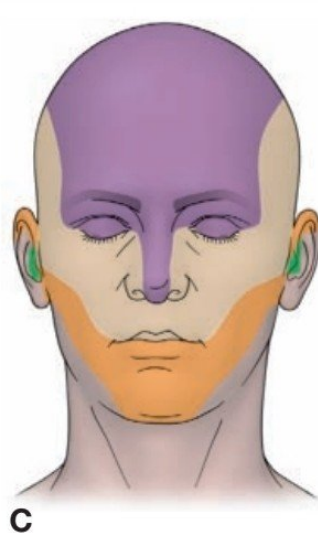
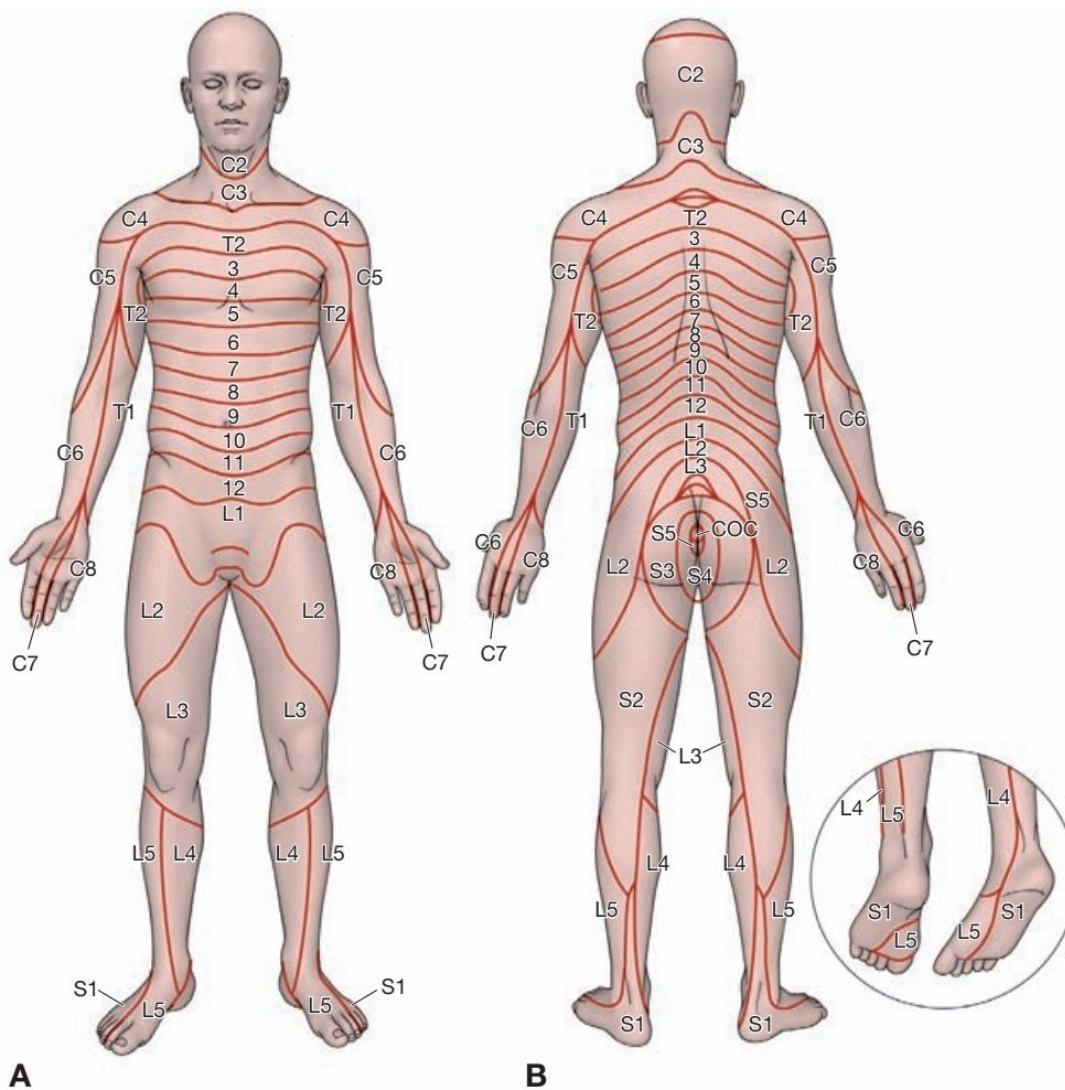


Figure 27-49. Varicella and herpes zoster (A) During primary VZV infection (varicella or chicken pox), virus infects sensory ganglia. **(B)** VZV persists in a latent phase within ganglia for the life of the individual. **(C)** With diminished immune function, VZV reactivates within sensory ganglia, descends sensory nerves, and replicates in skin.





KEY	
Rami of the trigeminal nerve	
○	Ophthalmic
○	Maxillary
○	Mandibular
Ramus of vagus	
○	Auricular

* Overlapping of greater auricular and facial nerves

Figure 27-50. Dermatomes The cutaneous fields of peripheral sensory nerves.

Figure 27-51. Herpes zoster A 65-year old male with scar from prior thyroid carcinoma surgery. Erythematous plaque with early vesiculation in left C-2 dermatome. This presentation is common and diagnosis often missed. The lesions was mildly pruritic.





A



B

Figure 27-52. Herpes zoster A 67-year old Chinese female with dermatomal zoster in L-mandibular branch of the trigeminal nerve. Bullae, vesicle, and erosions are seen. **(A)** L-face. **(B)** Tongue with erosions and deviation associated with motor involvement. Other than flu-like symptoms, she was relatively free of symptoms.

Figure 27-53. Herpes zoster right T-2 distribution A 60-year-old male being treated with prednisone for eczema has painful lesion for 3 days. Dermatomal grouped and confluent vesicles on the R-back and arm.



Figure 27-54. Herpes zoster: atrophic scar A 90-year-old female with a history of herpes zoster 14 years previously. Hypopigmented dermatomal (V1) scar is seen on the right forehead at the site of prior zoster.

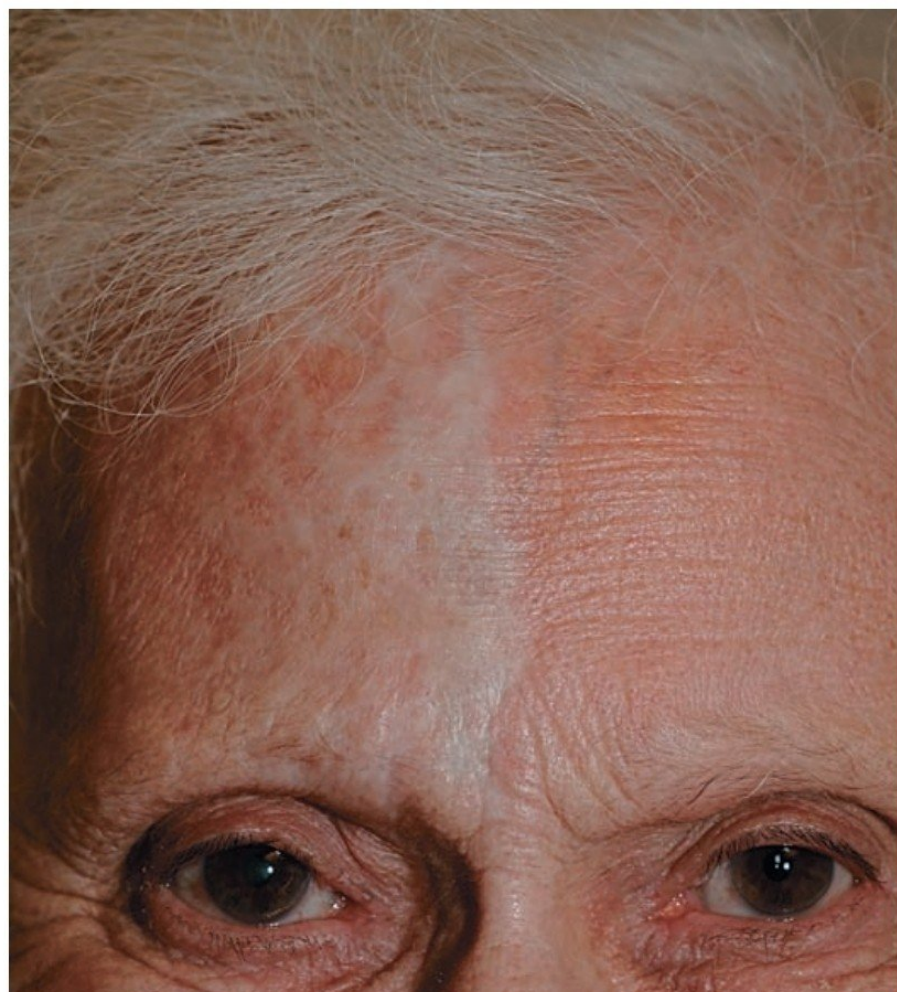




Figure 27-55. VZV: necrotizing herpes zoster Confluent, crusted ulcerations on an inflammatory base in several contiguous dermatomes in an elderly male with leukemia.



Figure 27-56. Multidermal herpes zoster with host defense defect. 72-year-old male with pityriasis rubra pilaris with erythroderma is being treated with prednisone and methotrexate. Multiple dermatomal erosions are seen on the chest and buttock with dissemination.



Figure 27-57. Varicella zoster virus infection: disseminated cutaneous, in an immunocompromised patient Hundreds of vesicles and pustules on erythematous bases of the trunk of a patient with lymphoma. Note the absence of grouping of lesions seen in herpes simplex or herpes zoster. The eruption is indistinguishable from varicella and must be differentiated from disseminated HSV infection.



Figure 27-58. VZV: chronic zoster in HIV disease A 42-year-old male with advanced untreated HIV disease. Discrete and confluent hyperkeratotic papules/nodules in several contiguous dermatomes persistent for 2 years.